

# EXHIBIT

# A



**Service of Process  
Transmittal**

01/22/2018

CT Log Number 532659383

**TO:** Myrna Goodrich, Paralegal  
Aetna, Inc.  
Law U23S, 1425 Union Meeting Road  
Blue Bell, PA 19422

**RE: Process Served in Utah**

**FOR:** Altius Health Plans Inc. (Former Name) (Domestic State: UT)  
Aetna Health of Utah Inc. (True Name)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** IHC HEALTH SERVICES, INC., Claimant vs. Altius Health Plans, Inc. and Aetna Health Management, LLC, Respondents

**DOCUMENT(S) SERVED:** Summons, Complaint, Exhibit(s)

**COURT/AGENCY:** Third District Court, Salt Lake County, UT  
Case # 180900250

**NATURE OF ACTION:** Altius/Aetna are refusing to respond to IHC Health Services' demands for arbitration, this motion is properly filed in this Court.

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Midvale, UT

**DATE AND HOUR OF SERVICE:** By Process Server on 01/22/2018 at 10:15

**JURISDICTION SERVED :** Utah

**APPEARANCE OR ANSWER DUE:** Within 21 days after service

**ATTORNEY(S) / SENDER(S):** Catherine M. Larson  
STRONG & HANNI  
102 South 200 East, Suite 800  
Salt Lake City, UT 84111  
801-532-7080

**ACTION ITEMS:** CT has retained the current log, Retain Date: 01/23/2018, Expected Purge Date: 01/28/2018

Image SOP

Email Notification, Desiree Beatty beattyd@aetna.com

Email Notification, Jacqueline West WestJ2@AETNA.com

**SIGNED:** C T Corporation System

**ADDRESS:** 1108 East South Union Avenue  
Midvale, UT 84047

**TELEPHONE:** 212-590-9070

Catherine M. Larson, #6597  
**STRONG & HANNI**  
*Attorneys for Claimant*  
*IHC Health Services, Inc.*  
 102 South 200 East, Suite 800  
 Salt Lake City, Utah 84111  
 Telephone: (801) 532-7080  
 Facsimile: (801) 596-1508  
clarson@strongandhanni.com

TIME 1015 DATE 1-22-2018  
 SERVED Halli Tharp  
 RELATIONSHIP Att-CT Corporation System  
 ADDRESS 1108 E South Union Ave  
Midvale SERVER  
 TD's LEGAL PROCESS LLC 964-9393  
Midvale

IN THE THIRD JUDICIAL DISTRICT COURT  
 SALT LAKE COUNTY, STATE OF UTAH

IHC HEALTH SERVICES, INC.,

Claimant,

vs.

ALTIVUS HEALTH PLANS, INC. and  
 AETNA HEALTH MANAGEMENT,  
 LLC.,

Respondents.

**SUMMONS**

Case No. 180900250

Judge Kent Holmberg

Tier 2

TO THE ABOVE-NAMED RESPONDENTS:

ⓧ Altius Health Plans, Inc.  
 c/o CT Corporation System  
 1108 E. South Union Avenue  
 Midvale, UT 84047

Aetna Health Management, LLC  
 c/o CT Corporation System  
 1108 E. South Union Avenue  
 Midvale, UT 84047

You are hereby summoned and required to file with the clerk of the above-court a written Response to the attached Complaint and Motion to Compel Arbitration, and to serve upon or mail to the Claimant's attorney at the address shown above, a copy of your Response within twenty-one (21) days after service of this Summons upon you.

The address of the Third District Court for Salt Lake County is 450 South State Street, P.O. Box 1860, Salt Lake City, Utah 84114-1860, Telephone Number (801) 238-7300 and the address and telephone number of Claimant's attorney is listed above.

If you fail to so respond, judgment by default will be taken against you for the relief demanded in the Complaint/Motion to Compel which has been filed with the clerk of the above court and a copy of which is attached and herewith served upon you.

DATED this 18<sup>th</sup> day of January, 2018.

STRONG & HANNI

*/s/ Catherine M. Larson*

By: \_\_\_\_\_  
Catherine M. Larson  
Attorneys for Claimant  
IHC Health Services, Inc.

Catherine M. Larson, #6597  
STRONG & HANNI  
*Attorneys for Claimant*  
*IHC Health Services, Inc.*  
102 South 200 East, Suite 800  
Salt Lake City, Utah 84111  
Telephone: (801) 532-7080  
Facsimile: (801) 596-1508  
[clarson@strongandhanni.com](mailto:clarson@strongandhanni.com)

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IN THE THIRD JUDICIAL DISTRICT COURT  
SALT LAKE COUNTY, STATE OF UTAH

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IHC HEALTH SERVICES, INC.,

Claimant,

vs.

ALTIUS HEALTH PLANS, INC. and  
AETNA HEALTH MANAGEMENT,  
LLC.,

Respondents.

COMPLAINT FOR DECLARATORY  
RELIEF AND MOTION TO COMPEL  
ARBITRATION

Case No. 180900250

Judge Kent Holmberg

Tier 2

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Pursuant to Utah Code Ann. §§ 78B-6-401 and 78B-11-108(1), Claimant IHC Health Services, Inc. ("IHC Health Services"), by and through counsel, hereby requests the Court to order that the payment disputes between Claimant and Respondents concerning patients L. Andersen, G. Bender, D. Bullen, D. Cirrincione, K. Draper, S. Duncan, L. Gessel, J. Hendershot, K. Herd, V. Jensen, C. Larsen, B. Owens, D. Reid and M. Spackman are subject to arbitration<sup>1</sup> in accordance with the parties' written agreement, and states as follows:

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<sup>1</sup> An application for judicial relief under the Utah Uniform Arbitration Act "shall be made by motion and heard in the manner provided by law or rule of court for making and hearing motions." Utah Code Ann. § 78B-11-106(1). If

**PARTIES**

1. IHC Health Services is a Utah non-profit corporation, in good standing, with its principal place of business located at 36 South State Street, 22<sup>nd</sup> Floor, Salt Lake City, Utah 84111.

2. Altius Health Plans, Inc. (“Altius”) is a Utah corporation with a registered address of 10150 South Centennial Parkway, Sandy, Utah 84070.

3. Aetna Health Management, LLC (“Aetna”) is a Delaware limited liability company transacting business within Utah.

**JURISDICTION AND VENUE**

4. Jurisdiction is proper in this Court pursuant to Utah Code Ann. §§ 78B-3-201 *et seq.*, 78A-5-102, 78B-6-401, and 78B-11-106.

5. Arbitration of disputes between IHC Health Services, Altius and Aetna is required under Utah Code Ann. § 78B-11-107 because they are parties to an agreement which requires arbitration of any controversy or claim arising between them.

6. As alleged more particularly below, arbitration is governed by the Professional Services Agreement By and Between IHC Health Services, Inc. and Altius Health Plans/Aetna Health Management, LLC. (hereinafter referred to as the “Professional Services Agreement” or the “Agreement”), effective April 1, 2012 and amended October 15, 2015. A copy of the Professional Services Agreement is attached hereto as Exhibit A and a copy of the Amendment is attached hereto as Exhibit B.

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no civil action involving the agreement to arbitrate is pending, “*notice of an initial motion to the court . . . shall be served in the manner provided by law for the service of a summons in a civil action.*” *Id.* at 106(2).

7. Pursuant to Section VII. Miscellaneous Provision, subpart (F) of the Professional Services Agreement:

**Dispute Resolution:** The parties agree to meet and confer in good faith to resolve any controversies or claims that may arise under this Agreement. Any controversy or claim solely between the parties, relating to this Agreement or the breach of this Agreement, that is not settled by informal means will be submitted to binding, compulsory arbitration and judgment pursuant to Title 78B, Chapter 11, Utah Code Annotated, as amended, and handled in accordance with the Rules of the American Health Lawyers Association Alternative Dispute Resolution Service to the extent such rules are not in conflict with such law. The parties agree to bear its own costs, expenses, and attorney's fees arising from such controversy or claim. The parties will share equally the cost of the arbitrator(s).

(Professional Services Agreement, pp. 28-29, Ex. A.)

8. Venue is proper in this Court pursuant to Utah Code Ann. § 78B-3-304.

9. Pursuant to Utah Rule of Civil Procedure 26(c)(5), because IHC Health Services seeks non-monetary relief, this is a "Tier 2" cause of action.

#### **GENERAL ALLEGATIONS**

10. IHC Health Services provides medical care and treatment through various providers and facilities (i.e., the "Intermountain Facility Network").

11. Altius and Aetna desired to arrange for the provision of healthcare services for their beneficiaries.

12. Altius and Aetna's beneficiaries are those persons covered under Altius Health Plans' Medicare Advantage HMO Program, Altius Advantra Medicare Advantage HMO Program, and Aetna Medicare Advantage PPO Plans who are eligible to receive covered services.

**PROFESSIONAL SERVICES AGREEMENT**

13. Prior to April 2012, Altius expressed the desire to use Intermountain's Facility Network in conjunction with Altius Health Plans' Medicare Advantage HMO Program.

14. Accordingly, on or about April 1, 2012, IHC Health Services and Altius entered into the Professional Services Agreement that related to Altius Health Plan's Medicare Advantage HMO Program and the provision of healthcare services to Altius' Medicare beneficiaries. (See Professional Services Agreement, Ex. A.)

15. Pursuant to the Agreement, Altius's beneficiaries were permitted to obtain healthcare services through Intermountain's Facility Network and Altius agreed to pay IHC Health Services for such services. (See Ex. A.)

16. In October 2015, the Professional Services Agreement was amended to broaden the scope of the agreement to include Altius Advantra Medicare Advantage HMO Program, Aetna Health Management, LLC and Aetna Medicare Advantage PPO Plans. (See Agreement Amendment, Ex. B.)

17. Subsequent to the Professional Services Agreement being entered, multiple Altius and Aetna beneficiaries received healthcare services from Intermountain's Facility Network. Such beneficiaries included: L. Andersen, G. Bender, D. Bullen, D. Cirrincione, K. Draper, S. Duncan, L. Gessel, J. Hendershot, K. Herd, V. Jensen, C. Larsen, B. Owens, D. Reid and M. Spackman.

18. Despite being contractually obligated to do so, Altius and Aetna have refused to pay IHC Health Services for the healthcare services rendered to: L. Andersen, G. Bender, D. Bullen, D. Cirrincione, K. Draper, S. Duncan, L. Gessel, J. Hendershot, K. Herd, V. Jensen, C.



Larsen, B. Owens, D. Reid and M. Spackman. (See Denial Letters, attached hereto as Exhibit C.)

**IHC HEALTH SERVICE'S DEMAND FOR ALTERNATIVE DISPUTE RESOLUTION**

19. On various dates in 2015, 2016 and 2017, IHC Health Services, by and through counsel, sent letters to Altius/Aetna demanding the payment disputes relating to L. Andersen, G. Bender, D. Bullen, D. Cirrincione, K. Draper, S. Duncan, L. Gessel, J. Hendershot, K. Herd, V. Jensen, C. Larsen, B. Owens, D. Reid and M. Spackman be resolved through arbitration. (See Demand Letters, attached hereto as Exhibit D.)

20. IHC Health Service's arbitration demands were based on Section VII, subpart F of the Professional Services Agreement. (See Ex. D.)

21. In the demand letters, counsel for IHC Health Services requested Altius/Aetna "*to contact me in order that we may . . . select an Arbitrator to resolve these disputes.*" (Ex. D.)

22. Despite receiving multiple letters demanding arbitration, Altius/Aetna have not assisted with the selection of an arbitrator and have not agreed to submit to binding arbitration.

23. On December 15, 2017, IHC Health Services sent another letter to Altius' counsel demanding arbitration in relation to beneficiaries L. Andersen, G. Bender, D. Bullen, K. Draper, L. Gessel, K. Herd, V. Jensen, C. Larsen, B. Owens, D. Reid and M. Spackman. (See December 15, 2017 Demand Letter, attached hereto as Exhibit E.)

24. The demand letter stated that IHC Health Services was demanding arbitration "*Pursuant to provision VII. Miscellaneous Provision, F. Dispute Resolution*" of the Professional Services Agreement. (Ex. E.)

25. The demand letter requested Altius' counsel to contact IHC Health Service's counsel "*to select an Arbitrator to resolve these disputes.*" (Ex. E.)

26. The December 15, 2017 demand letter was sent by certified mail and received by Altius' counsel. (See Certified Mail Receipt, attached hereto as Ex. F.)

27. Despite receiving the December 15, 2017 demand letter, Altius has not made any effort to select an arbitrator and has not agreed to resolve the pending payment disputes through arbitration.

28. On December 28, 2017, IHC Health Services sent another letter to Altius/Aetna's counsel demanding arbitration in relation to beneficiaries D. Cirrincione, S. Duncan and J. Hendershot. (See December 28, 2017 Demand Letter, attached hereto as Exhibit G.)

29. The demand letter stated that IHC Health Services was demanding arbitration "*Pursuant to provision VII. Miscellaneous Provision, F. Dispute Resolution*" of the Professional Services Agreement. (Ex. G.)

30. The demand letter requested Altius/Aetna's counsel to contact IHC Health Service's counsel "*to select an Arbitrator to resolve these disputes.*" (Ex. G.)

31. The December 28, 2017 demand letter was sent by certified mail and received by Altius/Aetna's counsel. (See Certified Mail Receipt, attached hereto as Ex. H.)

32. Despite receiving the December 28, 2017 demand letter, Altius/Aetna have not made any effort to select an arbitrator and have not agreed to resolve the pending payment disputes through arbitration.

33. Because Altius/Aetna are refusing to respond to IHC Health Services' demands for arbitration, this motion is properly filed in this Court.

WHEREFORE, pursuant to Utah Code Ann. §§ 78B-6-401 and 78B-11-108(1), IHC Health Services respectfully requests the Court order that the payment disputes relating to L. Andersen, G. Bender, D. Bullen, D. Cirrincione, K. Draper, S. Duncan, L. Gessel, J. Hendershot, K. Herd, V. Jensen, C. Larsen, B. Owens, D. Reid and M. Spackman, are subject to arbitration in accordance with Section VII, subpart (F) of the Professional Services Agreement.

DATED this 9<sup>th</sup> day of January, 2018.

STRONG & HANNI

*/s/ Catherine M. Larson*

By: \_\_\_\_\_  
Catherine M. Larson  
*Attorneys for Claimant*  
*IHC Health Services, Inc.*

# Exhibit A

**INTERMOUNTAIN FACILITY AND PROFESSIONAL SERVICES AGREEMENT  
BY AND BETWEEN  
IHC HEALTH SERVICES, INC., AND  
ALTIUS HEALTH PLANS**

**THIS AGREEMENT** is effective beginning on the **FIRST DAY OF APRIL 2012**, and is made by and between **IHC HEALTH SERVICES, INC.**, a Utah nonprofit corporation, doing business as all of the facilities, agencies, and services listed in Attachment A, "INTERMOUNTAIN Facilities and Payment Schedule," of this Agreement and the Professional Providers included on the Professional Provider List defined in this Agreement, (hereinafter referred to collectively as "INTERMOUNTAIN"), and **ALTIUS HEALTH PLANS**, a Utah corporation (hereinafter referred to as "ALTIUS"). This Agreement applies only to ALTIUS's Medicare Advantage HMO Program. INTERMOUNTAIN and ALTIUS are collectively referred to as "the parties."

<b>FOR ALTIUS HEALTH PLANS's MEDICARE ADVANTAGE HMO PROGRAM</b>
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This Agreement supersedes and replaces the Participating Physician Agreement, dated January 1, 2008, by and between IHC Health Services, Inc., dba Intermountain Medical Group, and Altius Health Plans, Inc.

**W I T N E S S E T H**

WHEREAS, ALTIUS desires to arrange for the provision of quality healthcare services to Beneficiaries in a timely and efficient manner consistent with good medical practice;

WHEREAS, INTERMOUNTAIN operates duly licensed facilities in the states of Utah and Idaho, that are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or are certified under the Federal Medicare Law, and desires to provide quality and cost-effective medical and facility services to Beneficiaries;

WHEREAS, INTERMOUNTAIN employs and contracts with Professional Providers to render services to Beneficiaries within the scope of their licensure and accreditation;

WHEREAS, ALTIUS markets a Medicare Advantage Program in the Service Area and desires to use the INTERMOUNTAIN Facility Network in conjunction with this Program offering; and

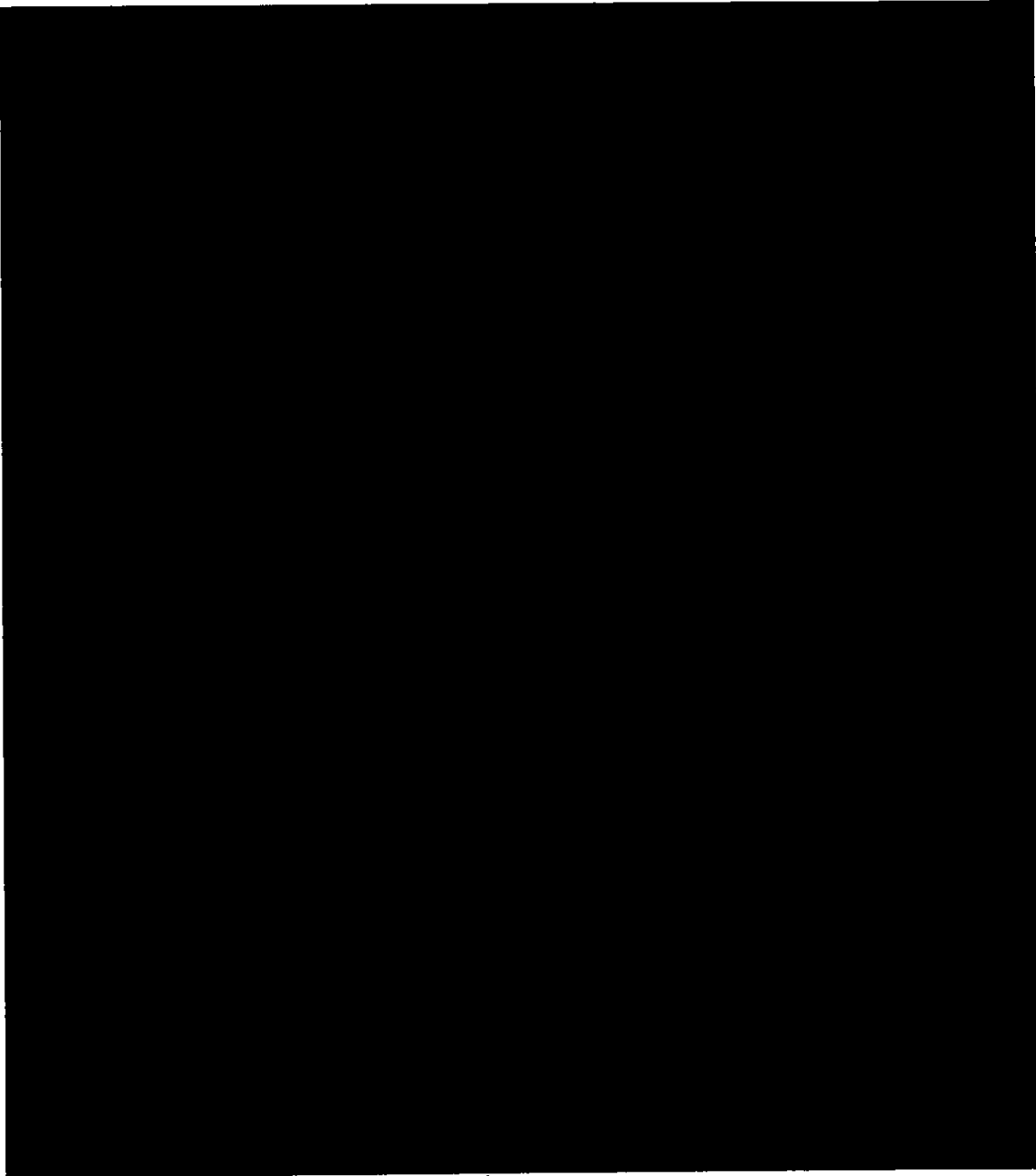
WHEREAS, ALTIUS and INTERMOUNTAIN will abide by all applicable CMS regulations as outlined in the Code of Federal Regulations (CFR) regarding the administration of a Medicare Advantage Program;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, the parties agree as follows:

## **I. DEFINITIONS**

As used in this Agreement, the following terms are defined as follows:

- A. Beneficiary means a person covered under ALTIUS's Medicare Advantage Program who is eligible to receive Covered Services.**



[REDACTED]

VII. MISCELLANEOUS PROVISIONS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(F) **Dispute Resolution:** The parties agree to meet and confer in good faith to resolve any controversies or claims that may arise under this Agreement. Any controversy or claim solely

between the parties, relating to this Agreement or the breach of this Agreement that is not settled by informal means will be submitted to binding, compulsory arbitration and judgment pursuant to Title 78B, Chapter 11, Utah Code Annotated, as amended, and handled in accordance with the Rules of the American Health Lawyers Association Alternative Dispute Resolution Service, to the extent such rules are not in conflict with such law. The parties agree to bear its own costs, expenses, and attorney's fees arising from such controversy or claim. The parties will share equally the cost of the arbitrator(s).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

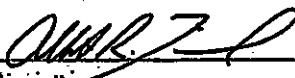
[REDACTED]

[REDACTED]



IX. SIGNATURES

IHC HEALTH SERVICES, INC.

By:   
Albert R. Zimmerli  
Executive Vice President – Chief Financial Officer

Date: 3/8/2012

ALTIVUS HEALTH PLANS

By:   
Kevin Lawlor  
Vice President, Network Development and Management

Date: 3/8/2012

# Exhibit B

**AMENDMENT TO  
THE INTERMOUNTAIN FACILITY AND PROFESSIONAL SERVICES AGREEMENT  
BY AND BETWEEN IHC HEALTH SERVICES, INC., AND ALTIUS HEALTH PLANS, INC.**

This AMENDMENT is effective on the FIRST DAY OF JANUARY 2016 and is made to amend the INTERMOUNTAIN Facility and Professional Services Agreement dated April 1, 2012, (hereinafter referred to as "the Agreement"), between IHC HEALTH SERVICES, INC., a Utah nonprofit corporation doing business as all of the facilities, agencies, and services listed in Attachment A, "INTERMOUNTAIN Facilities and Payment Schedule," of the Agreement and Professional Providers included on the Professional Provider List as defined in the Agreement (hereinafter referred to collectively as "INTERMOUNTAIN"), and ALTIUS HEALTH PLANS, INC., a Utah corporation (hereinafter referred to as "ALTIUS"). INTERMOUNTAIN and ALTIUS are hereinafter referred to collectively as "the parties."

**FOR ALTIUS's MEDICARE ADVANTAGE HMO PROGRAM**

To the extent that there is any conflict between the terms of the Agreement and the terms of this Amendment, the terms of this Amendment will prevail.

THE PARTIES AGREE TO AMEND THE AGREEMENT AS FOLLOWS:

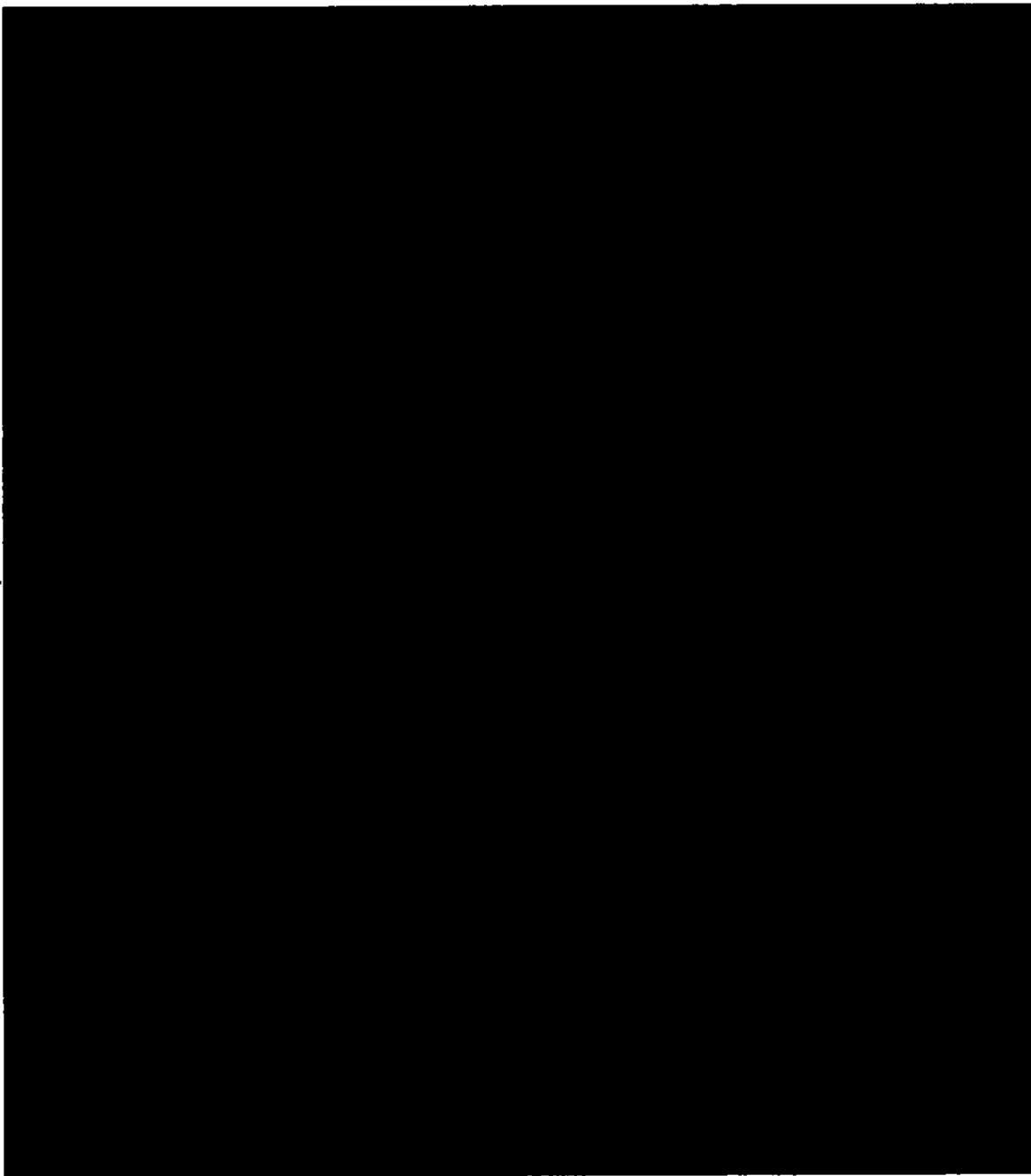
- I. The title and preamble to the Agreement are deleted in their entirety and replaced with the following title and preamble.

**INTERMOUNTAIN FACILITY AND PROFESSIONAL SERVICES AGREEMENT  
BY AND BETWEEN IHC HEALTH SERVICES, INC., AND AETNA HEALTH MANAGEMENT, LLC.**

This AGREEMENT is effective beginning on the FIRST DAY OF APRIL 2012 and is made by and between IHC HEALTH SERVICES, INC., a Utah nonprofit corporation doing business as all of the facilities, agencies, and services listed in Attachment A, "Intermountain Facilities and Payment Schedule," of the Agreement and Professional Providers included on the Professional Provider List as defined in the Agreement (hereinafter referred to collectively as "INTERMOUNTAIN"), and AETNA HEALTH MANAGEMENT, LLC, a Delaware limited liability company, on behalf of itself and its Medicare Advantage Programs; Altius Advantra Medicare Advantage HMO Program and Aetna Medicare Advantage PPO Plans, (hereinafter collectively referred to as "COMPANY"). INTERMOUNTAIN and ALTIUS and AETNA are hereinafter referred to collectively as "the parties."

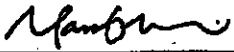
**FOR ALTIUS ADVANTRA MEDICARE ADVANTAGE HMO PROGRAM  
AND AETNA MEDICARE ADVANTAGE PPO PLANS**

- II. All usages of "ALTIUS" as a party identifier in the Agreement are deleted and replaced with "COMPANY" as the new party identifier.
- III. All usages of "ALTIUS's Medicare Advantage Program" are deleted and replaced with "COMPANY's Medicare Advantage Program(s)."



IN WITNESS WHEREOF, the undersigned have duly executed this Amendment to the Agreement as of the date set forth above.

IHC HEALTH SERVICES, INC.

BY:   
Mark A. Runyon  
Vice President, Operational Finance

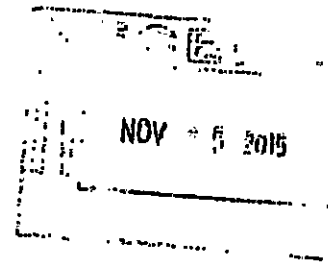
Date: 10/15/2015

AETNA HEALTH MANAGEMENT, LLC.

BY:   
Todd Trettin  
Market President

Date: 10/14/15

# Exhibit C



10150 S. Centennial  
Parkway Suite 450  
Sandy, UT 84070

Tel: 801-355-1234  
800-365-1334

[www.altiushealthcare.com](http://www.altiushealthcare.com)

November 17, 2015

Jessica Wolsey  
Intermountain Revenue Cycle Organization  
1104 Country Hills Drive, Suite 300  
Ogden, UT 84403

Member Name: Lowell Andersen  
Member #: [REDACTED]  
Date of Service: February 24, 2015  
Case: 2015092502003  
Acct: [REDACTED]

Dear Ms. Wolsey:

The Altius appeals and grievances department including myself has completed a review of your request for a reconsideration of denial determination for the following services:  
**Independent level of care**

Based on our review of available information, including history and physical, progress notes laboratory reports, radiology reports, and Acute Adult, Pulmonary Emboli, InterQual® 2015 we have made the following determination.

Based upon our review of the information provided, we are upholding the previous denial for the inpatient days of February 24, 2015 through February 27, 2015. The basis for this determination is that medical necessity for inpatient level of care was not met. Member was hemodynamically stable and had no respiratory insufficiency (hypoxia). Maintain approval for observation level of care.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the customer service department at 1-800-377-4161, or 801-323-6200.

Sincerely,

Michelle Ward  
Appeal Analyst

WVMPUMAP03

5/1/2017 1:28:49 PM PAGE 3/004 Fax Server



Customer Resolution Team  
 Alliant Health Plans  
 PO Box 981113  
 El Paso, Texas 79998-1113

October 17, 2016

Sherr Weaver  
 Intermountain Healthcare  
 Centralized Appeals  
 2195 University Park Blvd  
 Layton, UT 84041

Provider Name:	Layton Regional Hospital
Date(s) of Service:	June 18-20, 2016
Patient Account Number:	[REDACTED]
Chrg. Number(s):	8613014571
Member Name:	Gloria Renteria
Member ID:	[REDACTED]
Case Number(s):	2016090802345

Dear Ms. Weaver:

The Alliant Advantage Appeals and Grievances Department has completed a review of your request for a reconsideration of the denial determination for the following services:

**Inpatient level II care provided on June 18-20, 2016, at Layton Regional Hospital.**

Our medical director, case analyst and appeal analyst have reviewed the available information, including appeal letter, discharge summary, history and physical, emergency room notes, and Milliman Care Guidelines (MCG), Inpatient and Surgical Care 20th Edition, Atrial Fibrillation DRG: M-505 (JSC). We have made the following determination.

Based upon our review of the information provided, we are upholding the previous denial for the inpatient days of June 18, 2016 to June 20, 2016. The basis for this determination is the member discharged by day three in stable condition. Based on MCG, Inpatient and Surgical Care 20th Edition, Atrial Fibrillation DRG: M-505 (JSC), admission criteria was not met because there was no heart new-onset (less than 48 hours) atrial fibrillation with high risk for causing complications secondary to comorbidities (eg, symptomatic heart failure), elective or urgent cardiovascular or intolerable symptoms despite optimal outpatient treatment. Care could have been provided as



Case 2:18-cv-00127-DBP Document 4-1 Filed 02/08/18 Page 25 of 90

Tracy Foster  
Complaint and Grievance Analyst  
Candidate Resolution Team

Sincerely,  
*Tracy Foster*

Lower level of care notes obtained were routed with the clinical submitted on request to support independent admission. Your appeal is being reviewed now expedited.  
We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Candidate Service Department at 1-866-784-4918.

49006323



December 10, 2014

MR. DEL L. BULLEN  
[REDACTED]

Dear MR BULLEN:

We have denied coverage for medical services or items that you or your physician requested. A description of the services denied, the reasons for our denial and your appeal rights are listed on the attached form.

If you have any questions, please call us at 1-866-784-4918 (TTY/TDD 711), 8 a.m. – 8 p.m., seven days a week from October 1<sup>st</sup> – February 14<sup>th</sup> and 8 a.m. – 8 p.m., Monday-Friday from February 15<sup>th</sup> – September 30<sup>th</sup>.

Sincerely,

*Michael R. Falvo DO*

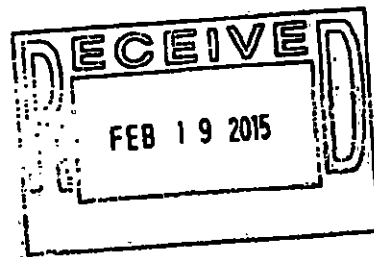
Michael R. Falvo, DO  
Medical Director  
Altius Health Plans

cc: Robert B. Duncan, DO  
Logan Regional Hospital  
File

Altius Health Plans, Inc. is a Coordinated Care plan with a Medicare contract. Enrollment in our plan depends on contract renewal.

CVTY\_CCP\_2014\_0009\_3118NR

10421 S Jordan Gateway, Suite 400  
South Jordan, UT 84095



February 17, 2015 (12:00pm)

130-49006323

(0421 South  
Jordan Gateway)  
Suite 400  
South Jordan  
Utah 84095  
Tel 801-355-1234  
800-363-1334

[www.altiushealthplans.com](http://www.altiushealthplans.com)

LESA BYRD  
INTERMOUNTAIN HEALTHCARE  
1104 COUNTRY HILLS DR SUITE 300  
OGDEN UT 84403

RE: Del Bullen

ID#: [REDACTED]

Dear Ms. Byrd:

The Altius Advantra Appeals and Grievances Department has completed a review of the request for coverage inpatient services provided to the above referenced member on December 3-6, 2014. Upon review, it was determined to uphold the denial, as the clinical record does not support inpatient level of care nor does the case meet InterQual criteria for hospital admission. Observation level of care has been approved.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-866-784-4918.

Sincerely,

A handwritten signature in cursive script that reads "Tracy Forst".

Tracy Forst  
Appeals & Grievances Analyst  
Customer Resolution Team

A Coordinated Care plan with a Medicare Advantage contract  
Altius Advantra is offered by Altius Health Plans, Inc.

WVMPUMAP01

8/7/2017 3:07:37 PM PAGE 2/005 Fax Server



Provider Resolution Team  
PO Box 14625  
Lexington, KY 40512-4625

Category code: CRTP

7-8-2017

DCN# 170708050126

Provider Name: Dixie Regional Medical Center  
Date(s) of Service: March 18, 2017 to March 20, 2017  
Patient Account Number: NA  
Claim Number(s): 170328E0865800  
Member Name: Donna Cirincione  
Member ID: [REDACTED]  
Case Number(s): 2017082201051

Subject: Final Appeal Resolution

Dear Health Care Professional:

**Final level of appeal response – previous determination upheld**

With this review, your request for payment of the claim(s) referenced above has reached the final level of appeal available through us. Based on our review of available information, including your appeal, we have made the following determination.

We are upholding the original benefits determination for services rendered on the date(s) of service referenced above. Based upon our review of the information provided, we are upholding the previous level of care decision for the hospital day(s) March 18- March 20, 2017. The basis for this determination is MCG 21st edition Musculoskeletal Disease GRG: MG-MD (ISC GRG). We are denying coverage for this acute hospital admission. The requirements for coverage are: (1) Newly diagnosed or suspected bone, joint, muscle, or orthopedic device infection (2) Fracture, dislocation, or other musculoskeletal injury requiring inpatient care (3) Severe rheumatologic disease (4) Severe vasculitis (5) Severe crystal arthropathy (6) Rhabdomyolysis (7) Severe myopathy (8) Post-amputation complication (9) Severe pain requiring acute inpatient management due to musculoskeletal condition. The member doesn't meet any of these requirements. This review confirms the care received meets the criteria for the previously authorized Observation level of care, but not the requested level of care.

We are here to answer your questions

If you have questions, please contact us at the address listed on this letterhead or through our Provider Service Center:

- 1-800-624-0756 for calls related to HMO-based benefits plans
- 1-888-MD-Aetna (1-888-632-3862) for calls related to indemnity and PPO-based benefits plans

You may also review our appeal policy and procedures at [www.aetna.com/provider/medical](http://www.aetna.com/provider/medical) and select the link to the Dispute Process.

We want to know!

Please visit our website for a short survey of Aetna's appeal process.  
[https://www.aetna.com/provider/forms\\_secure/cga\\_survey.html](https://www.aetna.com/provider/forms_secure/cga_survey.html)

WVMPUMAP01

8/7/2017 3:07:37 PM PAGE 3/005 Fax Server

DCN# 170708050128

Category code: CRTP

Thank you for giving us the opportunity to address your concerns.

Sincerely,

*Dwayne Stanton*

Dwayne Stanton  
Complaint and Appeals Analyst  
Provider Resolution Team

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Behavioral Health, LLC, Aetna Health Insurance Company of Europe, Ltd., Aetna Life & Casualty (Bermuda) Ltd. and/or Aetna Life Insurance Company (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. For fully funded health plans in Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06155. Each insurer has sole financial responsibility for its own products. © Aetna Inc.



October 30, 2014

MS KAYELENE DRAPER

130-48775803

Dear MS DRAPER:

We have denied coverage for medical services or items that you or your physician requested. A description of the services denied, the reasons for our denial and your appeal rights are listed on the attached form.

If you have any questions, please call us at 1-866-784-4918 (TTY/TDD 711), 8 a.m. – 8 p.m., seven days a week from October 1<sup>st</sup> – February 14<sup>th</sup> and 8 a.m. – 8 p.m., Monday-Friday from February 15<sup>th</sup> – September 30<sup>th</sup>.

Sincerely,

Medical Director  
Altius Health Plans

cc: Robert B. Duncan, DO  
Logan Regional Hospital  
File

Altius Health Plans, Inc. is a Coordinated Care plan with a Medicare contract. Enrollment in our plan depends on contract renewal.

CVTY\_CCP\_2014\_0009\_3118NR

10421 S Jordan Gateway, Suite 400  
South Jordan, UT 84095



April 4, 2016

Logan Regional Hospital  
Attn: Health Information Management  
1400 North 500 East  
Logan, UT 84341

**Re: Reconsideration Determination: Not Approved**

Dear LOGAN REGIONAL HOSPITAL:

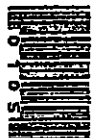
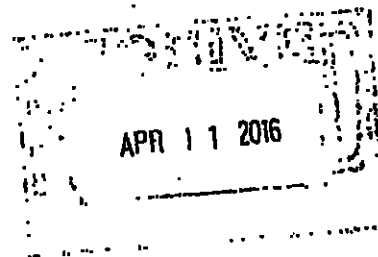
Please accept this letter as follow-up to your request for reconsideration of overpayment(s). We are in receipt of your correspondence as of 03/16/15. After reviewing the documentation provided, the initial overpayment determination is upheld.

You must acknowledge receipt and understanding of these findings in writing within 30 days. Please indicate your acceptance or disagreement with the findings using the form on the following page. You may submit your response by secure fax or by mail to the appropriate address noted on the form.

We appreciate your feedback and respect the opportunity to work collaboratively with you. If you have any questions or need further assistance, please call 203-423-1496 Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Eastern Standard Time.

Sincerely,

Aetna Clinical Chart Validation  
c/o Cotiviti Healthcare  
Spring Mill Corporate Center  
555 E. North Lane, Suite 6120  
Conshohocken, PA 19428  
203-423-1496





Claim / Ref#	Med Rec #	Begin DOS	End DOS	Mem DOB	Member #	Patient Ctl #	Member Name
141023E053120 1	20160404120144390- 654019	10/18/14	10/18/14	Oct 4 1940 12:00AM		FA130487163 51	DUNCAN, SARA

**Diagnosis/Procedure Codes**

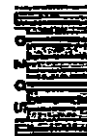
Hospital Proc Code	Revised Proc Code	Hospital Diag Code	Revised Diag Code
7936	7936	82302	82302
		261	V850
		V850	5990
		5990	2851
		2851	E8859
		E8859	E8490
		E8490	30000
		30000	56400
		56400	4019
		E8859	7295
		4019	
		7295	

**DRG/Discharge Codes**
**DRG: 492**
**Revised DRG: 493**
**Discharge Status Code: 03**
**Revised Discharge Status Code:**

**Rationale** Please accept this letter as a follow up to your letter requesting a reconsideration of the overpayment identified. We appreciate and respect the services rendered by your facility to this patient; however, after reviewing the documentation and additional documentation provided, our overpayment determination has been upheld.

The claim involved a 74 year old female who presented to the hospital after a fall; diagnosed with a closed fracture of the fibula with tibia. The provider assigned 262 (Other severe malnutrition) as a secondary diagnosis. The documentation in the medical record does not support the assignment of 261 as a secondary diagnosis.

The provider submitted appeal noted disagreement with the audit findings. A clinical summary of the patient's stay was submitted. The patient was described in the summary as severely underweight and cachectic with a BMI of 13.3. A nutritional consultation was







obtained with the patient exhibiting chronic severe malnutrition with a pattern of disordered eating.

According to the medical record, it was noted that the patient was admitted with a proximal tibia fracture. The patient was documented with a BMI of 13.3 and noted as cachectic appearing. While we acknowledge documentation of malnutrition in the record, there was no documentation specifying the level of severity for the malnutrition. The final diagnostic statement gave a diagnosis of malnutrition. Without documentation of the specificity or severity the appropriate malnutrition code would be 263.9 (protein-calorie malnutrition, NOS).

As a result of this review, we uphold our decision to replace diagnosis code 261 with 263.9 as a secondary diagnosis. This recommendation resulted in a change in DRG from 492 to 493.

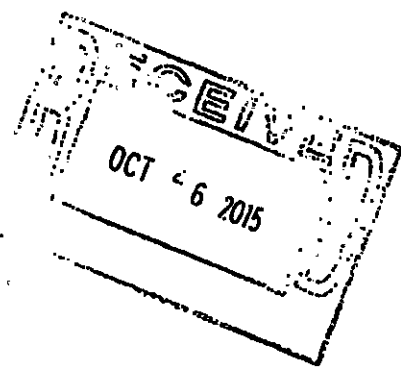
**References:**

Consensus Statement of the Academy of Nutrition and Dietetics/ASPEN: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition), J Acad Nutr Diet, May 2012.  
World Health Organization, Management of severe malnutrition: a manual for physicians and senior health workers, 1999.  
Jensen, G, et al, Malnutrition syndromes: A conundrum vs. a continuum, J Parenter Enteral Nutr, 2010;34(2).  
ICD 9-CM Official Guidelines for Coding and Reporting, Secondary Diagnosis Section III. The CMS Program Integrity Manual (PIM), Publication 100-08, Chapter 6, Section 6.5.3.





October 13, 2015



10150 S. Centennial  
Parkway Suite 450  
Sandy, UT 84070

Tel: 801-855-1234  
800-365-1334

[www.altiushealthplans.com](http://www.altiushealthplans.com)

Sheri Weaver  
Intermountain Healthcare  
1104 Country Hills Drive, Suite 300  
Ogden, UT 84403

Member Name: Leo Gessel  
Member # [REDACTED]  
Date of Service: May 15, 2015  
Acct#: [REDACTED]  
Case: 2015081801694

Dear Ms. Weaver:

The Altius appeals and grievances department including myself has completed a review of your request for a reconsideration of the denial determination for the following services:  
Inpatient level of care

Based on our review of available information, we have made the following determination.

Based upon our review of the information provided, we are upholding the original benefit determination for denial of inpatient days of May 15, 2015 through May 18, 2015. The basis for this determination is that the documentation submitted indicates that the member had been constipated for a week, and then had some abdominal pain and diarrhea times 4 the day prior to admission and there was bright red blood noted. In the emergency room, member's abdomen was soft and non-tender, all vital signs were stable and normal, and member was thought to have a lower gastrointestinal bleed. His sodium was a little low and thought to be from his chronic diuretics. The hemoglobin was 13. No admission criteria were met. This decision was made utilizing the appeal letter, discharge summary, history and physical, emergency room records, progress notes, laboratory reports, radiology reports, and Milliman Care Guidelines®, 18th Edition/Inpatient and Surgical Care General Recovery Guidelines, Gastrointestinal Bleeding, Lower, M-182 (ISC).

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the customer service department at 1-800-377-4161, or 801-323-6400.

Sincerely,

Michelle Ward  
Appeal Analyst

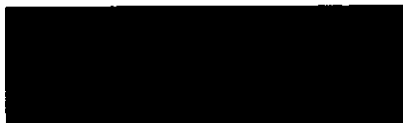
WVMPUMAP03

3/29/2017 1:28:03 PM PAGE 2/004 Fax Server

**aetna**<sup>SM</sup>

Provider Resolution Team  
PO Box 14020  
Lexington, KY 40512

09/22/2016



Provider Name: Dixie Regional Medical Center  
Date(s) of Service: June 12, 2016 to June 15, 2016  
Patient Account Number: N/A  
Claim Number(s): 160623E0900600  
Member Name: Jeanne Hendershot  
Member ID: [REDACTED]  
Case Number(s): [REDACTED]

**Subject:**

Dear Healthcare Professional:

**Appeal response – original determination upheld**

Based on our review of available information, including your submission, we are upholding the original claim determination.

Based upon our review of the information provided, we are upholding the previous level of care decision for the inpatient days of 06/12/2016 to 06/15/2016. The basis for this determination is review of the information provided reveals a 96 year old female with anemia. She was transfused 2 units of packed red blood cells and intravenous venofer. The submitted clinical information does not indicate that the member had active bleeding, hemodynamic instability, cardiovascular or neurologic symptoms that are severe or persistent, acute renal failure or other significant finding or clinical condition judged not to be within scope of a lower level of care. Inpatient criteria of MCG, Inpatient and Surgical Care 20th Edition, Anemia, Iron Deficiency or Unspecified ORG: M-35 (ISC) have not been met. Services could have been performed at a lower level of care. This review confirms the care received meets the criteria for the previously authorized lower level of care, but not the requested level of care.

A complaint and appeal analyst reviewed your appeal in conjunction with our policies and payment guidelines.

WVMPUMAP03

3/29/2017 1:28:03 PM PAGE 3/004 Fax Server

**We are here to answer your questions**

If you have questions, please contact us at the address listed on this letterhead or through our Provider Service Center:

- 1-800-624-0756 for calls related to HMO-based benefits plans
- 1-888-MD-Aetna (1-888-632-3862) for calls related to indemnity and PPO-based benefits plans

You may also review our appeal policy and procedures at [www.aetna.com/provider/medical](http://www.aetna.com/provider/medical) and select the link to the Dispute Process.

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GN1182\_Rev7\_02.04.14

WVMPUMAP03

3/29/2017 1:28:03 PM PAGE 4/004 Fax Server

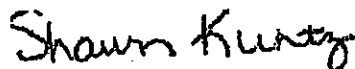
We want to know!

Please visit our website for a short survey of Aetna's appeal process.

[https://www.aetna.com/provider/forms\\_secure/cga\\_survey.html](https://www.aetna.com/provider/forms_secure/cga_survey.html)

Thank you for giving us the opportunity to address your concerns.

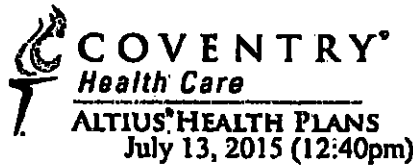
Sincerely,



Shawn Kuntz  
Director, Complaints and Appeals

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Behavioral Health, LLC, Aetna Health Insurance Company of Europe, Ltd., Aetna Life & Casualty (Bermuda) Ltd. and/or Aetna Life Insurance Company (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. For fully funded health plans in Maryland, by Aetna Health Inc., 161 Farmington Avenue, Hartford, CT 06155. Each insurer has sole financial responsibility for its own products.

GN1192\_Rev7\_02.04.14



*copy*  
*130-4225550*  
*(FAS)*

10150 S.  
Central PKY  
Suite 450  
Sandy Utah 84070  
1-866-784-4318  
[www.altiuscentral.com](http://www.altiuscentral.com)

Renee Wright  
Centralized Appeals  
Intermountain Healthcare  
1104 Country Hills Dr., Suite 300  
Ogden, UT 84403

Referral:	748887	Date(s) of Service:	January 14-15, 2015
Member Name:	Kermit Herd	Claim Amount(s):	\$8863.08
Member Number:	[REDACTED]	Acct#:	[REDACTED]

Dear Ms. Wright:

The Altius Appeals and Grievances Department has completed a review of your request for a reconsideration of the denial determination for the following services:

**Inpatient level of care provided on January 14-15, 2015**

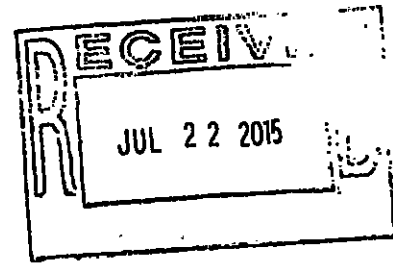
This case has been reviewed by a physician who was not involved in the initial review. Upon review of the reconsideration request, we regret to inform you that the determination is to uphold the original denial. The specific reason for this determination is that, this 84 year old man was admitted from his skilled nursing facility for increased confusion and leg swelling. This was the third admission in the past 30 days. He was afebrile, his white blood cell count was normal and his other labs were unremarkable for an acute change in his chronic conditions. The decision was made to move him to hospice care. The criterion found in InterQual Acute Adult 2014 General Medical was not met.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-800-377-4101.

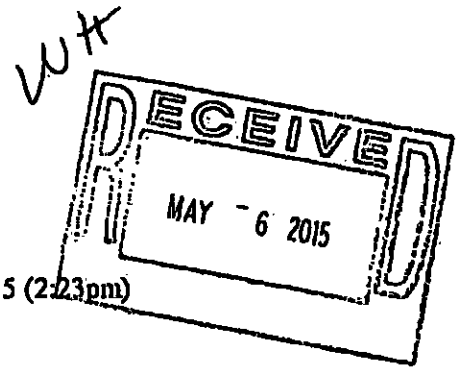
Sincerely,

*Tracy Forst*

Tracy Forst  
Complaint and Grievance Analyst  
Customer Resolution Team



Renee Wright  
Centralized Appeals  
Intermountain Healthcare.  
1104 Country Hills Dr., Suite 300  
Ogden, UT 84403



April 29, 2015 (2:23pm)

10421 South  
Jordan Gateway  
Suite 400  
South Jordan  
Utah 84095  
1-866-784-4918  
[www.altiusadvantra.com](http://www.altiusadvantra.com)

Renee Wright  
Centralized Appeals  
Intermountain Healthcare  
1104 Country Hills Dr., Suite 300  
Ogden, UT 84403

RE: Victor Jensen  
ID#: [REDACTED]

Dear Ms. Wright:

The Altius Advantra Appeals and Grievances Department has completed a review of the request for coverage of the inpatient level of care provided to the above referenced member on January 9-13, 2015. Upon review, it was determined to uphold the denial. The patient is an 86 year old man with a history of dementia, renal insufficiency, diabetes, and DVT with PE was taken to ER by his family for increased weakness, fall with no apparent injury, and slurred speech. His initial exam was unremarkable except for confusion. Blood work, CT of head and spine all unremarkable for acute disease. Blood sugar somewhat low at 86 and 75. Member's condition thought to be chronic disease probably made worse by current medications. This could have been managed at a lower level of care such as observation. The criterion used in this determination was, InterQual 2014 Acute Adult Hypoglycemia.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-866-784-4918.

Sincerely,

Tracy Forst  
Complaint and Grievance Analyst  
Customer Resolution Team

A Coordinated Care plan with a Medicare Advantage contract  
Altius Advantra is offered by Altius Health Plans, Inc.





10150 S. Centennial  
Parkway Suite 450  
Sandy, UT 84070  
  
Tel: 801-353-1234  
800-365-1334  
[www.aetna.com](http://www.aetna.com)

February 26, 2016

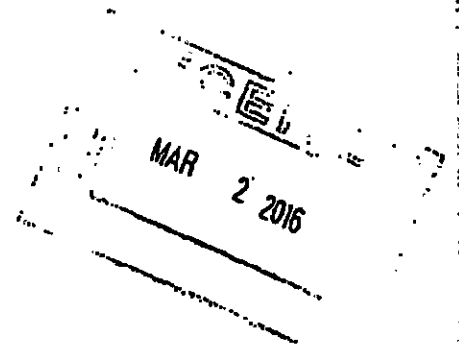
Renee Wright  
Intermountain Healthcare  
1104 Country Hills Drive, Suite 300  
Ogden, UT 84403

RE: Charles Larsen  
ID#: [REDACTED]  
DOS: May 11, 2015  
Acct: [REDACTED]  
Case: 2016012502729

Dear Ms. Wright:

The Coventry provider appeals and grievances department including myself has completed a review of your request for additional reimbursement for Inpatient level of care. Based on our review of available information, including Sources: appeal letter, cardiac catheter report, cardiac consultation, internal medicine consultation, discharge documentation, and Resources: Milliman Care Guidelines®, 19th Edition/Inpatient and Surgical Care General Recovery Guidelines, Myocardial Infarction M-230 (ISC) and Chest Pain M-89 (ISC), we have made the following determination.

Based upon our review of the information provided, we are upholding the previous denial for the inpatient days of 05/11/2015 - 05/12/2015. The basis for this determination is that this 78 year old male member presented with chest pain and anemia (hemoglobin 8.1). The member was admitted for cardiac monitoring, cardiology consultation, and treatment with heparin, low dose aspirin, statin and empiric initiation of beta blocker. Cardiac catheter study revealed multi-vessel coronary artery disease. Max troponin 0.5 without ST segment changes. Cardiology report indicates profound anemia likely exacerbating underlying ischemic heart disease. Member received 1 unit of packed red blood cells and was transferred to tertiary care facility for further evaluation and treatment. The submitted clinical information does not indicate that the member had hemodynamic instability, respiratory distress, electrocardiogram (EKG) changes consisted with acute myocardial infarct (heart attack), or trending cardiac biomarkers (heart muscle tests) indicating heart muscle damage to support acute myocardial infarct (heart attack) diagnosis.





August 11, 2015 (10:50am)

101505  
Contractor PKY  
Suite 450  
Sandy Utah 84070  
1-866-784-4918  
[www.altiusadvantra.com](http://www.altiusadvantra.com)

Denise Danens  
Centralized Appeals  
Intermountain Healthcare  
1104 Country Hills Dr, Suite 300  
Ogden, UT 84403

RE: Bruce Owens  
ID#: [REDACTED]  
Dates of Service: February 18-20, 2015  
Acct#: [REDACTED]  
Case#: 2015080302847

Dear Ms. Danens:

The Altius Advantra Appeals and Grievances Department has completed a review of the request for coverage of inpatient services provided to Mr. Owens on February 18-20, 2015. Upon review, it was determined to uphold the denial, as this inpatient admission is considered to be a readmission. Mr. Owens was hospitalized and treated for diabetic complications and hypoglycemia and was discharged on February 16, 2015. He was readmitted on February 17, 2015, with hypoglycemia and diabetic complications. There does not appear to be any new disease process that caused the readmission.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-866-784-4918.

Sincerely,

*Tracy Forst*

Tracy Forst  
Complaint and Grievance Analyst  
Customer Resolution Team

A Coordinated Care plan with a Medicare Advantage contract  
Altius Advantra is offered by Altius Health Plans, Inc.



Customer Resolution Team  
Altius Health Plans  
PO Box 981119  
El Paso, Texas 79998-1119

March 7, 2017

RECEIVED MAR 20 2017

130-1203602370

Connie Combe  
Intermountain Healthcare Centralized Appeals  
2195 University Park Blvd.  
Layton, UT 84041

Provider Name:	Logan Regional Hospital
Date(s) of Service:	October 20-22, 2016
Patient Account Number:	[REDACTED]
Claim Number(s):	8631902356
Member Name:	Donna Reid
Member ID:	[REDACTED]
Casc Number(s):	2017012602859

Dear Ms. Combe:

The Altius Advantra Appeals and Grievances Department has completed a review of your request for a reconsideration of the denial determination for the following services:

**Inpatient services provided on October 20-22, 2016,**

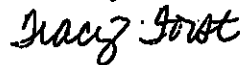
Our medical director, nurse analyst and appeal analyst have reviewed the available information, including the appeal request, submitted medical records and Milliman Care Guidelines (MCG), Inpatient and Surgical Care 20th Edition, M-150 Diverticulitis, Acute (ISC), we have made the following determination.

Based upon our review of the information provided, we are upholding the previous denial for the inpatient day(s) of October 20-22, 2016. The basis for this determination is the member is an 87 year old female with abdominal pain with episodes of diarrhea and dry heaving. An Abdominal and pelvic computerized tomography (CT) scan revealed sigmoid diverticulitis in setting of extensive sigmoid diverticulosis. She was treated with intravenous antibiotics, pain medication and nausea medication. The submitted medical records do not document peritoneal signs on physical examination (e.g., acute abdominal pain, abdominal tenderness and guarding), hemodynamic instability, persistent gross bleeding per rectum, significant abnormality on imaging study, high

fever or infection requiring inpatient admission, severe pain requiring acute inpatient management or severe electrolyte abnormalities requiring inpatient care. The MCG guidelines for inpatient level of care were not met. The member's care could have been rendered at a lower level of care

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-866-784-4918.

Sincerely,

A handwritten signature in black ink that reads "Tracy Forst". The signature is written in a cursive, slightly slanted style.

Tracy Forst  
Complaint and Grievance Analyst  
Customer Resolution Team

130-120202462

MAY 6 2016



May 3, 2016 (3:00pm)

101503.  
Centralized PKV  
Suite 430  
Sandy Utah 84070  
1-866-784-4918  
[www.altiuscoventry.com](http://www.altiuscoventry.com)

Jody Iddings  
Intermountain Healthcare  
Centralized Appeals  
1104 Country Hills Dr., Suite 300  
Ogden, UT 84403

Member Name: Max Spackman  
ID: [REDACTED]  
Date of Service: June 10-11, 2015  
Claim: 26658727  
Case: [REDACTED]

Dear Ms. Iddings:

The Altius Advantra Appeals and Grievances Department, has completed a review of your request for a reconsideration of the denial determination for the following services:

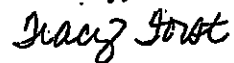
**Inpatient services provided on June 10-11, 2015 at Logan Regional Medical Center,**

Our medical director, nurse analyst and appeal analyst have reviewed the available information, including the appeal letter, emergency room notes, history and physical and Milliman Clinical Care Guidelines, (MCG®), Inpatient and Surgical Care 19th Edition, ORG: Pneumonia, Community Acquired, we have made the following determination.

Based upon our review of the information provided, we are upholding the previous denial for the inpatient day(s) of June 10, 2015 to June 11, 2015. The basis for this determination is the member was admitted with mild pneumonia and near syncope. His oxygen level was normal, as was his blood count. He was discharged the next day. Inpatient criteria of MCG®, Inpatient and Surgical Care 19th Edition, ORG: Pneumonia, Community Acquired was not met. Your appeal rights are now exhausted.

We appreciate your patience while waiting for our response and hope the information is helpful. If you have any additional questions or concerns, please contact the Customer Service Department at 1-866-784-4918.

Sincerely,

A handwritten signature in cursive script that reads "Tracy Forst".

Tracy Forst  
Complaint and Grievance Analyst  
Customer Resolution Team

# Exhibit D



**STRONG & HANNI**  
LAW FIRM

A PROFESSIONAL CORPORATION

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
SALT LAKE CITY, UT 84111

T : (801) 532-7080

F : (801) 596-1508

WWW.STRONGANDHANNI.COM

GLENN C. HANNI, P.C.  
HENRY E. HEATH  
PHILIP R. FISHER  
ROGER H. BULLOCK  
PAUL M. BELNAP  
STUART H. SCHULTZ  
BRIAN C. JOHNSON  
PAUL W. HESS  
STEPHEN J. TRAYNER  
STANFORD P. FITTS  
BRADLEY W. BOWEN  
PETER H. CHRISTENSEN  
ROBERT L. JANICKI  
H. BURT RINGWOOD  
CATHERINE M. LARSEN  
KRISTIN A. VANORMAN  
KENT M. BROWN  
PETER H. BARLOW  
MICHAEL L. FORD  
GRADEN P. JACKSON  
H. SCOTT JACOBSON

MICHAEL J. MILLER  
ANDREW D. WRIGHT  
BYRON G. MARTIN  
BENJAMIN P. THOMAS  
LANCE H. LOCKE  
A. JOSEPH SAND  
JAMES C. THOMPSON  
KARMEN C. SCHMID  
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WILLIAM B. INGRAM  
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JEREMY G. KNIGHT  
ANDREW B. SAMP  
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KATHLEEN  
CHET W. N  
S. SPENCE

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NATHAN R. WHITE  
JASON L. DEFOREST  
JESSICA J. JOHNSON  
JOHN C. SARAGER  
FREDRICK J. PENA

1 ALSO MEMBER ARIZONA BAR  
2 ALSO MEMBER CALIFORNIA BAR  
3 ALSO MEMBER COLORADO BAR  
4 ALSO MEMBER DISTRICT OF COLUMBIA BAR  
5 ALSO MEMBER IOWA BAR  
6 ALSO MEMBER NEW YORK BAR  
7 ALSO MEMBER OREGON BAR  
8 ALSO MEMBER VIRGINIA BAR  
9 ALSO MEMBER VERMONT BAR  
10 ALSO MEMBER WASH. STATE BAR  
11 ALSO MEMBER WYOMING BAR

OF COUNSEL

ROGER C. SEGAL  
VERNON L. HOPKINSON



January 27, 2016

**CERTIFIED MAIL -- RRR**

Scott Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 1200  
Salt Lake City, UT 84111

RE: *Medicare Advantage Disputes*

Dear Mr. Peterson:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement"). I have included with this letter an acknowledgement of service for your signature.

This demand seeks arbitration of a patient claim for Lowell Andersen that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$5,221.09. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070



Scott Peterson  
January 25, 2016  
Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI

A handwritten signature in black ink, appearing to read "Catherine M. Larson", written over the printed name.

Catherine M. Larson

CML/la  
Enclosures  
cc: Heidi Kingman (w/encl.)

Scott Peterson  
January 25, 2016  
Page 3

**ACKNOWLEDGEMENT OF SERVICE**

I hereby accept service of this demand for arbitration on behalf of

\_\_\_\_\_.

Dated this \_\_\_\_ of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Scott Peterson

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p>           Scott Peterson            Fabian Van Cort            245 S. State St. Ste 1200            Salt Lake City, UT 84111 </p>		<p>A. Signature</p> <p>X <i>[Signature]</i></p> <p> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </p> <p>D. Is delivery address different from Item 1? If YES, enter delivery address below.</p> <p> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </p> <p> <input type="checkbox"/> Priority Mail Express™  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery </p> <p>4. Restricted Delivery? (Extra Fee)</p> <p> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </p>	
<p>PS Form 3811, July 2013</p>		<p>7013 2250 0000 2310 4686</p> <p>Domestic Return Receipt</p>	



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<sup>11</sup> ALSO MEMBER WYOMING BAR  
<sup>12</sup> ALSO MEMBER WYOMING BAR

## OF COUNSEL

ROGER C. SEGAL  
VERNON L. HOPKINSON  
MARK H. HOWARD

GORDON R. STRONG  
(1909-1989)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

May 19, 2017

CERTIFIED MAIL -- RRR

Kevin Lawlor  
Vice President  
Network Development and Management  
Altius Health Plans  
10421 S. Jordan Gateway, Suite 400  
South Jordan, Utah 84095

RE: *Medicare Advantage Dispute – Gloria Bender*

Dear Mr. Lawlor:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$8,101.85. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve these disputes.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

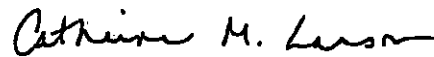


SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script, appearing to read "Catherine M. Larson".

Catherine M. Larson

CML/dl

Enclosure

cc: Heidi Kingman (w/encl.)

002251.00239



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OF COUNSEL

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VERNON L. HOPKINSON  
MARK H. HOWARD

GORDON R. STRONG  
(1909-1969)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

May 30, 2017

**CERTIFIED MAIL -- RRR**

Kevin Lawlor  
Vice President  
Network Development and Management  
Altius Health Plans  
10150 South Centennial Parkway Suite 450  
Sandy, UT 84070

RE: *Medicare Advantage Dispute – Gloria Bender*

Dear Mr. Lawlor:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$8,101.85. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve these disputes.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in black ink, appearing to read "Catherine M. Larson". The signature is fluid and cursive, with the first name being the most prominent.

Catherine M. Larson

CML/dl  
Enclosure  
cc: Heidi Kingman (w/encl.)  
002251.00239



A PROFESSIONAL CORPORATION

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
SALT LAKE CITY, UT 84111

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<sup>1</sup> ALSO MEMBER ARIZONA BAR  
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<sup>9</sup> ALSO MEMBER VERMONT BAR  
<sup>10</sup> ALSO MEMBER WASHINGTON BAR  
<sup>11</sup> ALSO MEMBER WYOMING BAR

OF COUNSEL

ROGER G. SEGAL  
VERNON L. HOPKINSON

GORDON R. STRONG  
(1909-1969)

ESTABLISHED 1888

September 29, 2015

**CERTIFIED MAIL -- RRR**

Kevin Lawlor  
Vice President  
Network Development and Management  
Altius Health Plans  
10421 S. Jordan Gateway, Suite 400  
South Jordan, Utah 84095

RE: *Medicare Advantage Disputes*

Dear Mr. Lawlor:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of two patient claims that were denied payment for inpatient care. Intermountain has had these claims reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The two claims are attached. The amounts in controversy are Bullen (\$7,249.61) and Draper (\$6,960.44). Intermountain is seeking payment of these amounts.

Intermountain has made a good faith attempt to resolve these claims, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve these disputes. Because each set of claims involve similar issues, it would be most prudent and within the guidelines of the Utah Uniform Arbitration Act to consolidate these matters.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
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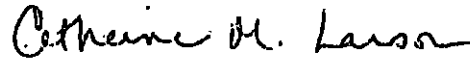


Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script that reads "Catherine M. Larson".

Catherine M. Larson

CML/dls

Enclosures

cc: Heidi Kingman (w/encl.)

002251.00169



# STRONG & HANNI LAW FIRM

A PREMIER BUSINESS & LITIGATION LAW FIRM

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
SALT LAKE CITY, UT 84111

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## OF COUNSEL

PAUL W. HESS  
MARK H. HOWARD  
DAVID K. REDD

GORDON R. STRONG  
(1908-1969)  
GLENN C. HANNI  
(1923-2015)

September 28, 2017

## CERTIFIED MAIL -- RRR

Kathleen LeFevre  
Manager, Altius Health Plans  
10421 South Jordan Gateway  
South Jordan, Utah 84095

RE: *Medicare Advantage Dispute - Donna Cirrincione*

Dear Ms. LeFevre:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans and Aetna Health Management (the "Agreement"). I have included with this letter an acknowledgement of service for your signature.

This demand seeks arbitration of a patient claim for Donna Cirrincione that was denied payment for Musculoskeletal Disease. Intermountain has had this claim reviewed and feels strongly that this admission and level of care was appropriate. The claim is attached. The amount in controversy is \$8,551.86. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.



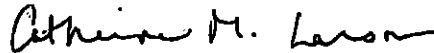
SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI



Catherine M. Larson

CML/dl

Enclosures

cc: Heidi Kingman (w/encl.)

**ACKNOWLEDGEMENT OF SERVICE**

I hereby accept service of this demand for arbitration on behalf of

\_\_\_\_\_  
Dated this \_\_\_\_ of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Kathleen LeFevre



# STRONG & HANNI LAW FIRM

A PREMIER BUSINESS & LITIGATION LAW FIRM

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## OF COUNSEL

PAUL W. HESS  
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DAVID K. REDD

GORDON R. STRONG  
(1909-1959)  
GLENN C. HANNI  
(1923-2015)

October 4, 2017

## CERTIFIED MAIL -- RRR

Kathleen LeFevre  
Manager, Altius Health Plans  
10150 Centennial Parkway, Suite 450  
Sandy, Utah 84070

RE: *Medicare Advantage Dispute -- Donna Cirrincione*

Dear Ms. LeFevre:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans and Aetna Health Management (the "Agreement"). I have included with this letter an acknowledgement of service for your signature.

This demand seeks arbitration of a patient claim for Donna Cirrincione that was denied payment for Musculoskeletal Disease. Intermountain has had this claim reviewed and feels strongly that this admission and level of care was appropriate. The claim is attached. The amount in controversy is \$8,551.86. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.



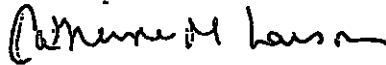
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Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI



Catherine M. Larson

CML/dl  
Enclosures  
cc: Heidi Kingman (w/encl.)

**ACKNOWLEDGEMENT OF SERVICE**

I hereby accept service of this demand for arbitration on behalf of

\_\_\_\_\_.

Dated this \_\_\_\_ of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Kathleen LeFevre



**STRONG & HANNI**  
LAW FIRM

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July 12, 2016

**CERTIFIED MAIL -- RRR**

Kathleen LeFevre  
Manager, Altius Health Plans  
10150 S. Centennial Parkway, Suite 450  
Sandy, Utah 84070

RE: *Medicare Advantage Dispute*

Dear Ms. LeFevre:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans and Aetna Health Management (the "Agreement"). I have included with this letter an acknowledgement of service for your signature.

This demand seeks arbitration of a patient claim for Sara Duncan that was denied payment for diagnosis of severe malnutrition. Intermountain has had this claim reviewed and feels strongly that this diagnosis code was warranted. The claim is attached. The amount in controversy is \$4,811.59. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.



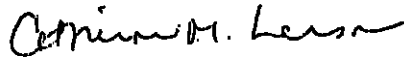
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Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI



Catherine M. Larson

CML/la

Enclosures

cc: Heidi Kingman (w/encl.)

**ACKNOWLEDGEMENT OF SERVICE**

I hereby accept service of this demand for arbitration on behalf of

\_\_\_\_\_  
Dated this \_\_\_\_ of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Kathleen LeFevre



A PREMIER BUSINESS & LITIGATION LAW FIRM

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OF COUNSEL

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VERNON L. HOPKINSON

GORDON R. STRONG  
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GLENN C. HANNI  
(1923-2015)

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May 2, 2016

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, Utah 84111

RE: *Medicare Advantage Dispute – Leo Gessel*

Dear Scott:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Leo Gessel that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$5,391.37. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



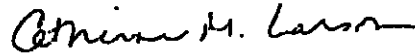
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May 2, 2016  
Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script, appearing to read "Catherine M. Larson".

Catherine M. Larson

CML/la  
Enclosure  
cc: Heidi Kingman (w/encl.)  
002251.xxx



# STRONG & HANNI LAW FIRM

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AARON H. SMITH  
RYAN C. ULRICH

<sup>1</sup> ALSO MEMBER CALIFORNIA BAR  
<sup>2</sup> ALSO MEMBER COLORADO BAR  
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<sup>11</sup> ALSO MEMBER WASHINGTON BAR  
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## OF COUNSEL

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GORDON R. STRONG  
(1909-1959)  
GLENN C. HANNI  
(1923-2015)

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November 7, 2017

## CERTIFIED MAIL -- RRR

Kathleen LeFevre  
Manager, Altius Health Plans  
10150 Centennial Parkway, Suite 450  
Sandy, Utah 84070

RE: *Medicare Advantage Dispute – Jeanne E. Hendershot*

Dear Ms. LeFevre:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans and Aetna Health Management (the "Agreement"). I have included with this letter an acknowledgement of service for your signature.

This demand seeks arbitration of a patient claim for Jeanne E. Hendershot that was denied payment for not providing her a lower level of care. Intermountain has had this claim reviewed and feels strongly that this admission and level of care was appropriate. The claim is attached. The amount in controversy is \$7,125.83. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.



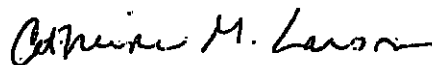
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Page 2

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

Very truly yours,

STRONG & HANNI



Catherine M. Larson

CML/dl

Enclosures

cc: Heidi Kingman (w/encl.)

**ACKNOWLEDGEMENT OF SERVICE**

I hereby accept service of this demand for arbitration on behalf of

\_\_\_\_\_  
Dated this \_\_\_\_ of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Kathleen LeFevre



A PREMIER BUSINESS & LITIGATION LAW FIRM

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
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VERNON L. HOPKINSON

GORDON R. STRONG  
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GLENN C. HANNI  
(1923-2015)

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May 3, 2016

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, UT 84111

RE: *Medicare Advantage Dispute – Kermit Herd- **AMENDED***

Dear Mr. Peterson:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Kermit Herd that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$10,588.74. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
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May 3, 2016  
Page 2

Very truly yours,

STRONG & HANNI

*/s/ Catherine M. Larson*

Catherine M. Larson

CML/la

Encl.

cc: Heidi Kingman (w/ encl.)



A PROFESSIONAL CORPORATION

SALT LAKE CITY OFFICE  
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8 ALSO MEMBER VIRGINIA BAR  
9 ALSO MEMBER WASHINGTON BAR  
10 ALSO MEMBER WYOMING BAR

OF COUNSEL

ROGER G. SEGAL  
VERNON L. HOPKINSON

GORDON R. STRONG  
(1909-1969)

ESTABLISHED 1888

December 15, 2015

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, Utah 84111

RE: *Medicare Advantage Dispute – Victor Jensen*

Dear Scott:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Victor Jensen that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$4,939.30. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

Very truly yours,

STRONG & HANNI

*/s/ Catherine M. Larson*

Catherine M. Larson

CML/la

Enclosure

cc: Heidi Kingman (w/encl.)

002251.00169



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OF COUNSEL

ROGER G. SEGAL  
VERNON L. HOPKINSON

GORDON R. STRONG  
(1999-1999)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

November 29, 2016

VIA E-MAIL

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, UT 84111

RE: *Medicare Advantage Dispute – Charles Larsen*

Dear Mr. Peterson:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Charles Larsen that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$5,544,73. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



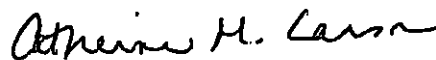
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SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070



Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script, appearing to read "Catherine M. Larson".

Catherine M. Larson

CML/la

Encl.

cc: Heidi Kingman (w/ encl.)

2251.0226



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10 ALSO MEMBER WASHINGTON BAR  
11 ALSO MEMBER WYOMING BAR

OF COUNSEL

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GORDON R. STRONG  
(1909-1969)  
GLENN C. HANNI  
(1923-2013)

ESTABLISHED 1888

May 17, 2016

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, UT 84111

RE: *Medicare Advantage Dispute – Bruce Owens*

Dear Mr. Peterson:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Bruce Owens that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$4,944.10. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

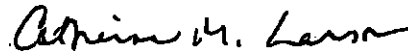


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SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script, appearing to read "Catherine M. Larson".

Catherine M. Larson

CML/la

Encl.

cc: Heidi Kingman (w/ encl.)



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NICHOLAS R. REMKES<sup>1</sup>  
AARON H. SMITH  
RYAN C. ULRICH

<sup>1</sup> ALSO MEMBER CALIFORNIA BAR  
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## OF COUNSEL

PAUL W. HESS  
MARK H. HOWARD  
DAVID K. REDD  
-----  
GORDON R. STRONG  
(1909-1969)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

November 17, 2017

## CERTIFIED MAIL -- RRR

Kathleen LeFevre  
Manager, Altius Health Plans  
10150 Centennial Parkway, Suite 450  
Sandy, UT 84070

RE: *Medicare Advantage Dispute – Donna Reid*

Dear Kathleen:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and Between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is \$7,302.08. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve these disputes.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.

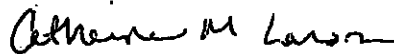


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Page 2

Very truly yours,

STRONG & HANNI

A handwritten signature in black ink, appearing to read "Catherine M. Larson". The signature is fluid and cursive, with the first name being the most prominent.

Catherine M. Larson

CML/dl

Enclosure

cc: Heidi Kingman (w/encl.)

002251:00269

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Kathleen LeFevre            Altius Health Plans            10150 Centennial Pkwy #450            Sandy, UT 84070</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery            11-22-17</p>	
<p>2. Article Number (transfer from service label)            7017 0530 0001 1701 7989</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail®  <input type="checkbox"/> Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation®  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 2821 6336 3157 49</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>Sent To <i>Kathleen LeFevre</i></p> <p>Street and Apt. No., or P.O. Box No. <i>10150 Centennial Pkwy #450</i></p> <p>City, State, ZIP+4® <i>Sandy, UT 84070</i></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9053 Use of this form is subject to the terms and conditions of the PSN 7530-02-000-9053.	



**STRONG & HANNI  
LAW FIRM**

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OF COUNSEL

ROGER G. SEGAL  
VERNON L. HOPKINSON

GORDON R. STRONG  
(1909-1969)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

August 11, 2016

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, UT 84111

RE: *Medicare Advantage Dispute – Max Spackman*

Dear Mr. Peterson:

Please accept this demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement by and between IHC Health Services, Inc., and Altius Health Plans (the "Agreement").

This demand seeks arbitration of a claim for Max Spackman that was denied payment for inpatient care. Intermountain has had this claim reviewed and feels strongly that medical necessity for inpatient treatment was warranted. The claim is attached. The amount in controversy is **\$12,053.71**. Intermountain is seeking payment of this amount.

Intermountain has made a good faith attempt to resolve this claim, however, this has proven unsuccessful. Pursuant to provision VII. Miscellaneous Provisions, F. Dispute Resolution, we are making a demand for arbitration.

Pursuant to the Agreement, please contact me in order that we may discuss this matter further and select an Arbitrator to resolve this dispute.

I look forward to hearing from you soon. Additionally, should there be any objection to the validity of this notice demanding arbitration, please contact me.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

Page 2

Very truly yours,

STRONG & HANNI

*/s/ Catherine M. Larson*

Catherine M. Larson

CML/la

Encl.

cc: Heidi Kingman (w/ encl.)

2251.0226



# Exhibit E



A PREMIER BUSINESS & LITIGATION LAW FIRM

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
SALT LAKE CITY, UT 84111

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ANDREW B. MCDANIEL  
SADÉ A. TURNER<sup>5</sup>  
CASEY W. JONES  
RYAN C. BULLOCK  
MICHAEL A. STAHLER<sup>10</sup>  
KATHLEEN J. ABKE  
MARSHALL J. HENDRICKSON

CHET W. NELSON<sup>7</sup>  
S. SPENCER BROWN  
KATHRYN T. SMITH  
RON W. HAYCOCK, JR.  
JOSEPH SHAPIRO<sup>2</sup>  
ANDREW D. DAY  
NICHOLAS E. DUDOICH  
GREGORY N. GUNN  
ALAN R. HOUSTON  
ALLISON S. MILES  
NATHAN R. WHITE  
JASON L. DEFOREST  
JESSICA J. JOHNSTON  
JOHN C. SARAGER<sup>5</sup>  
FREDRICK J. PENA  
ASHLEY F. LEONARD  
AXEL TRUMBO  
SCARLET R. SMITH<sup>10</sup>  
KYLE J. HOYT

<sup>1</sup> ALSO MEMBER ARIZONA BAR  
<sup>2</sup> ALSO MEMBER CALIFORNIA BAR  
<sup>3</sup> ALSO MEMBER COLORADO BAR  
<sup>4</sup> ALSO MEMBER DISTRICT OF COLUMBIA BAR  
<sup>5</sup> ALSO MEMBER IDAHO BAR  
<sup>6</sup> ALSO MEMBER NEW YORK BAR  
<sup>7</sup> ALSO MEMBER OREGON BAR  
<sup>8</sup> ALSO MEMBER VIRGINIA BAR  
<sup>9</sup> ALSO MEMBER VERMONT BAR  
<sup>10</sup> ALSO MEMBER WASHINGTON BAR  
<sup>11</sup> ALSO MEMBER WYOMING BAR

OF COUNSEL

ROGER C. SEGAL  
VERNON L. HOPKINSON  
MARK H. HOWARD

GORDON R. STRONG  
(1909-1969)  
GLENN C. HANNI  
(1923-2015)

ESTABLISHED 1888

December 15, 2017

**CERTIFIED MAIL - RRR**

Scott M. Peterson  
FABIAN VANCOTT  
215 South State Street, Suite 215  
Salt Lake City, UT 84111

RE: Medicare Advantage Disputes – Multiple Matters

Dear Mr. Peterson:

This letter is a demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement entered into by IHC Health Services, Inc. and Altius Health Plans and Aetna Health Management (the "Agreement"). Although I have communicated with you regarding these matters, I felt it necessary to insure that my file was current in regards to communicating with you as to the pending matters. The list of pending Medicare Advantage disputes for which this demand applies is as follows:

Lowell Andersen  
Gloria Ann Bender  
Del Bullen  
Kayelene Draper  
Leo Gessel  
Kermit Herd  
Victor Jensen  
Charles Larsen  
Bruce Owens  
Donna Reid  
Max Spackman

Without debating the medical issues of the above-identified matters, I have been through each matter in some detail and can confirm that applicable treatment guidelines were met. Thus,



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

December 14, 2017

Page 2

I am perplexed by Altius' payments denials. In any event, Intermountain is desirous to try to bring these matters to an amicable resolution.

Intermountain has made a good faith attempt to resolve this claim, however, such efforts have proven unsuccessful. Pursuant to provision VII. Miscellaneous Provision, F. Dispute Resolution of the Agreement, Intermountain is hereby making a demand for arbitration.

Pursuant to the Agreement, please contact me to discuss these matters further and to select an Arbitrator to resolve these disputes.

Very truly yours,

STRONG & HANNI

*/s/ Catherine M. Larson*

Catherine M. Larson

CML/dl

# Exhibit F

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Scott M. Peterson Fabian Vancott 215 S State St #215 Salt Lake City, UT 84111</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 2833 7069 1964 55</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type: <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail® <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-8053</p>		<p>Domestic Return Receipt</p>	

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<p>Sent to: Scott M. Peterson Street and Apt. No., or PO Box No.: 215 S State St #215 City, State, ZIP+4®: Salt Lake City, UT 84111</p>	
PS Form 3800, April 2015 PSN 7530-02-000-8053 See Reverse for Instructions	

# Exhibit G



# STRONG & HANNI LAW FIRM

A PREMIER BUSINESS & LITIGATION LAW FIRM

SALT LAKE CITY OFFICE  
102 SOUTH 200 EAST, SUITE 800  
SALT LAKE CITY, UT 84111

T : (801) 532-7080

F : (801) 596-1508

WWW.STRONGANDHANNI.COM

HENRY E. HEATH  
PHILIP R. FISHER  
ROGER H. BULLOCK  
PAUL M. BELNAP  
STUART H. SCHULTZ  
BRIAN C. JOHNSON<sup>1</sup>  
PAUL W. HESS  
STEPHEN J. TRAYNER  
STANFORD P. FITTS<sup>11</sup>  
BRADLEY W. BOWEN  
PETER H. CHRISTENSEN<sup>11</sup>  
ROBERT L. JANICKI<sup>1</sup>  
H. BURT RINGWOOD  
CATHERINE M. LARSON  
KRISTIN A. VANORMAN  
KENT M. BROWN<sup>1</sup>  
PETER H. BARLOW<sup>1</sup>  
MICHAEL L. FORD<sup>1111</sup>  
GRADEN P. JACKSON<sup>1</sup>  
H. SCOTT JACOBSON

MICHAEL J. MILLER<sup>11</sup>  
ANDREW D. WRIGHT  
BYRON G. MARTIN<sup>11</sup>  
BENJAMIN P. THOMAS  
LANCE H. LOCKE  
A. JOSEPH SAND  
JAMES C. THOMPSON  
KARMEN C. SCHMID  
LORI A. JACKSON  
WILLIAM B. INGRAM  
RYAN P. ATKINSON<sup>11</sup>  
JENNIFER R. CARRIZAL  
JEREMY G. KNIGHT<sup>1</sup>  
ANDREW B. MCDANIEL  
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<sup>9</sup> ALSO MEMBER WYOMING BAR  
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## OF COUNSEL

ROGER G. SEGAL  
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MARK H. HOWARD

GORDON R. STRONG  
(1909-1969)  
CLEM C. HANNI  
(1923-2015)

ESTABLISHED 1888

December 28, 2017

### CERTIFIED MAIL - RRR

Scott M. Peterson

FABIAN VANCOTT

215 South State Street, Suite 215

Salt Lake City, UT 84111

RE: Medicare Advantage Disputes – Multiple Matters

Dear Mr. Peterson:

This letter is a demand for arbitration as set forth in the Intermountain Facility and Professional Services Agreement entered into by IHC Health Services, Inc. and Altius Health Plans and Aetna Health Management (the "Agreement"). Although I have communicated with you regarding these matters, my file indicates that the original demand letters went to Altius. Copies of those demands and accompanying documentation is attached. I felt it necessary to insure that my file was current in regards to communicating with you as to the pending matters. The additional pending Medicare Advantage disputes for which this demand applies is as follows:

Donna Cirricione  
Sara Duncan  
Jeanne Hendershot

Without debating the medical issues of the above-identified matters, I have been through each matter in some detail and can confirm that applicable treatment guidelines were met. Thus, I am perplexed by Altius' payments denials. In any event, Intermountain is desirous to try to bring these matters to an amicable resolution.

Intermountain has made a good faith attempt to resolve this claim, however, such efforts have proven unsuccessful. Pursuant to provision VII. Miscellaneous Provision, F. Dispute Resolution of the Agreement, Intermountain is hereby making a demand for arbitration.



SALT LAKE OFFICE — 102 SOUTH 200 EAST, SUITE 800, SALT LAKE CITY, UTAH 84111  
SANDY OFFICE — 9350 SOUTH 150 EAST, SUITE 820, SANDY, UTAH 84070

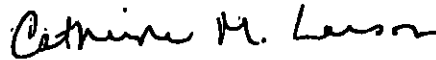
December 28, 2017

Page 2

Pursuant to the Agreement, please contact me to discuss these matters further and to select an Arbitrator to resolve these disputes.

Very truly yours,

STRONG & HANNI

A handwritten signature in cursive script, appearing to read "Catherine M. Larson".

Catherine M. Larson

CML/dl  
Enclosures



# Exhibit H

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p>Scott M. Peterson Fabian Vancott 215 S. State Street #215 Salt Lake City, UT 84111</p>		<p>B. Received by (Printed Name): <i>[Signature]</i></p> <p>C. Date of Delivery: _____</p>	
<p>2. Article Number (Transfer from service label):</p> <p>7017 0530 0001 1701 8030</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>			
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PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions	